

DATE: November 17, 2003

FROM: Rick Spector
Through: Diane Caradeuc, Manager
(Manager's Initials: _____)

SUBJECT : HCBS Waiver Decision Recommendation – (0125.90.R2)

90th Day of 1st TE (12/29/03)

___x___ Renewal

_____ Amendment

TO: Linda Minamoto
Associate Regional Administrator

REFER TO: MCH-RMS

I recommend approval of the subject waiver action effective October 1, 2003 based on the analysis summarized below.

1. (a) State and Waiver name: - Nevada – HCBS Waiver for Persons with Mental Retardation and Related Conditions

2. (b) Waiver changes:

☐ Change in format only; no substantive change

x Changes in the following areas:

Check all that apply	Page (s)	Brief Description of Change (e.g. adds, deletes, changes XXXXX)
A. Administration	Preamble ,Page 4, Item 11.g	Removed residential rehabilitation
	Page 5, Item 11.t.	In-home habilitation service incorporated into family support arrangement
	App. A, Page A-1	Name of agency with day-to-day administrative responsibility is changed to Division of Mental Health and Developmental Services

X <u>B. Definition of Services</u>	<p>B-5</p> <p>B-5,6,7</p> <p>B-13 thru B-17 inclusive</p> <p>Pages B-21,23</p>	<p>Definition of residential habilitation was revised</p> <p>Definition of prevocational service and supported employment was revised</p> <p>Definition of habilitative residential supports, family support arrangement, supported living arrangement, provider program coordination, counseling services revised</p> <p>Provider requirements relating to residential habilitation removed</p>
X B-2. Providers of services		None
C. Eligibility/Post-Eligibility	Page C-8	Post-eligibility Family need standard N/A
D. Level of Care		No changes
x D. Level of Care	Page D-5, Item 3	Level of care evaluation form updated to reflect increasing acuity of individuals remaining in ICF/MRs
x E. Plan of Care	Page E-1	Definition of individual support team updated to reflect increased pt. And circle of support involvement
x F. Audit Trail	Page F-2	Audit trail revised to reflect changes in MMIS
G. Financial Documentation	<p>Page G-1</p> <p>Page G-2</p> <p>Page G-9, 13,14,15, 18</p>	<p>Factor D increase reflects increased unit rate and utilization of habilitation, supported living services</p> <p>Waiver retains cost neutrality</p> <p>Enrollment projected to increase by 49 % over 5 years</p> <p>Factor D, D',G, G' increased based on projection of historical utilization trends and CMS Medicare economic index for medical care services</p>

☐ Renewal submitted in response to CO guidance/recommendation.

x Renewal submitted in response to R.O. guidance/recommendation.

3. Federal regulations/guidelines applicable to this waiver amendment or renewal:

Revised services are permissible because they are needed to assure participant health and welfare in the community and do not overlap with other existing Medicaid services. Increased emphasis on participant choice and control is consistent with New Freedoms Initiatives and SMD Olmstead Letters. Fiscal accountability changes are appropriate in terms of shift in program philosophy and emphasis, demonstrate cost neutrality and that services are allowable in terms of accuracy, allocability, and reasonable expenditure.

4. Explain your conclusion that the waiver amendment/renewal meets applicable federal requirements

See appended memos discussing CMS concerns and State corrective actions. Revised provider definition and new services meet health and welfare concerns and will not increase estimated program per capita cost above the cost of comparable institutional care.

5. A. No changes were necessary to waiver submittal

X B. Request for Additional Information required: The State has provided an acceptable response to the CMS questions about State funding. State responded to informal request for additional information dated 8/8/03 See memo of contact dated 8/15/03 for discussion of changes State agreed to make. Application with revisions submitted 8/15/03 now meets all Medicaid requirements.

C. No request for additional Information required.

6. R.O. staff review and date

x	Systems	7/15/03-no comment
x	Program	6/26/03 – one post-eligibility revision which was made by State
x	DSC (clinical)	8/1/03- concern about adequacy of day habilitation services – State response adequate to demonstrate adequacy of service in relation to individual's needs
x	Eligibility	6/26/03- recommended change was made
x	Fiscal	7/15/03– minor revision was made

x State Funding 11/12/03 – CMS questions reviewed
and approved by Deidre Abbott and Eric
Soderstrom

6. Explain your general recommendation:

The State has worked closely with CMS to develop and revise this waiver renewal and make it compliant with Medicaid requirements. Several services were deleted but are still available through other waiver services or under the State Plan. The definition of habilitation and supported living arrangement services was revised to promote SLA placement and to facilitate person centered planning and participant self-direction. The application now meets all Medicaid assurances including State administrative oversight, quality assurance systems, quality of participant health and welfare, provider qualifications, level of care, plan of care, fiscal accountability, cost neutrality and compliance with State funding requirements.

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